Friedrich, Bomberger, Tweedle & Blackmun, P.C. 9006 Indianapolis Blvd. Highland, IN 46322

915612

## SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:

Patient:

Al R. Watkins

1512 169th Street Hammond, IN 46324

Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307

Attorney: Peter C. Bomberger

9006 Indianapolis Blvd.

Highland, IN 46322

Indiana Department of Insurance

509 State Office Building Indianapolis, Indiana 46204

You are hereby notified that THE METHODIST HOSPITAL OF GARY, INC., Northlake Campus, 600 Grant Street, Gary, IN 46402, or Southlake Campus, 8701 Broadway, Merrillville, IN-46410; (strike inappropriate address), intends to hold a Hospital Lien for all reasonable and necessary charges for hospital care, treatment or maintenance of the above listed patient as follows:

The patient was admitted to the hospital on March 27, 1987, and was dischargedfrom the hospital on April 4, 1987.

The amount due for hospital care, treatment or maintenance during the above hospitalization is Eight Thousand Six Hundred Eighty-eight and 25/100 (\$8,688.25) Dollars.

To the best of the Hospital's knowledge, the patient or his legal representative claims that the following named individuals and/or entities are liable for damages arising from the patient's illness or injury causing the hospital stay:

This lien is being filed pursuant to the Hospital Lien Law, I.C. 32-8-26 in the Office of the Recorder of the County in which the Hospital is located, within ninety (90) days after the patient was discharged from the Hospital. The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties of perjury hereby states that the Hospital intends to hold the hospital lien as described above and that the facts and matters set forth in the foregoing statement are true and correct.

THE METHODIST HOSPITAL OF GARY, INC. STATE OF INDIANA )

)SS: COUNTY OF LAKE

, being the Financial Representative for the above Yolanda Jaime named Campus of The Methodist Hospital of Gary, Inc., being duly sworn upon his/her oath, says that the facts stated in the foregoing are true and correct,

scribed and sworn to before me, a Notary Public, this 29th day of 19 87 .

Deborah A. Taylor

Resident of

Lake

County

My Commission Expires: April 20, 1991

s instrument prepared by:

Peter C. Bomberger, Attorney at Law 9006 Indianapolis Blvd., Highland, IN 46322